

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

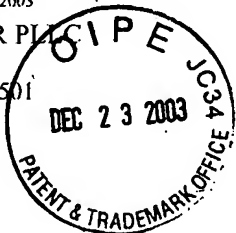
Mail Stop ISSUE FEE  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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23353 7590 10/30/2003

RADER FISHMAN & GRAUER PLLC  
 LION BUILDING  
 1233 20TH STREET N.W., SUITE 501  
 WASHINGTON, DC 20036



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|                    |
|--------------------|
| (Depositor's name) |
| (Signature)        |
| (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/048,221      | 01/29/2002  | Takashi Fujii        | OGW-0214            | 3011             |

TITLE OF INVENTION: MELT SPINNING APPARATUS

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1330    | \$300           | \$1630           | 01/30/2004 |

| EXAMINER           | ART UNIT | CLASS-SUBCLASS |
|--------------------|----------|----------------|
| DEL SOLE, JOSEPH S | 1722     | 425-072200     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Rader, Fishman & Grauer**  
 PLLC

2. \_\_\_\_\_  
 3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**TORAY ENGINEERING COMPANY, LIMITED OSAKA, JAPAN**Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee  
☒ Advance Order - # of Copies 10

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- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-0013 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

**Carl Schaukewich, Reg. No. 29,211 December 23, 2003**

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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12/31/2003 RHARIS2 00000117 180013 10048221

01 FC:1501 1330.00 DA  
 02 FC:1504 300.00 DA  
 03 FC:8001 30.00 DA

TRANSMIT THIS FORM WITH FEE(S)



Use in lieu of PTO/SB/17 (08-03)  
(Form updated to reflect FY 2004 fees effective 10/1/03)

| FEE TRANSMITTAL<br>for FY 2004<br><small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>   |  | Complete if Known                        |                          |         |
|--|--|--|--------------------------|---------|
|  |  | Application Number                       | 10/048,221-Conf. #3011   |         |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  | Filing Date                              | January 29, 2002         |         |
|  |  | First Named Inventor                     | Takashi Fujii            |         |
|  |  | Examiner Name                            | J. Delsole               |         |
| TOTAL AMOUNT OF PAYMENT (\$)   |  | 1,660.00                                 | Attorney Docket No.      | OGW-214 |
| METHOD OF PAYMENT (check all that apply)   |  | FEE CALCULATION (continued)              |                          |         |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other <input type="checkbox"/> None |  | 3. ADDITIONAL FEES                       |                          |         |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 18-0013<br>Deposit Account Name: Rader, Fishman & Grauer PLLC                                    |  | Large Entity Small Entity                |                          |         |
| The Director is authorized to: (check all that apply)  |  | Fee Code Fee (\$)                        |                          |         |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments  |  | Fee Code Fee (\$)                        |                          |         |
| <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application   |  | Fee Description                          |                          |         |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |  | Fee Paid                                 |                          |         |
| FEE CALCULATION  |  |  |                          |         |
| 1. BASIC FILING FEE  |  |  |                          |         |
| Large Entity Small Entity  |  |  |                          |         |
| Fee Code Fee (\$)  |  |  |                          |         |
| 1001 770 2001 385 Utility filing fee   |  |  |                          |         |
| 1002 340 2002 170 Design filing fee  |  |  |                          |         |
| 1003 530 2003 265 Plant filing fee   |  |  |                          |         |
| 1004 770 2004 385 Reissue filing fee   |  |  |                          |         |
| 1005 160 2005 80 Provisional filing fee  |  |  |                          |         |
| SUBTOTAL (1) (\$)  |  | 0.00                                     |                          |         |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  |  |  |                          |         |
| Total Claims -20** = <input type="checkbox"/> Extra Claims <input type="checkbox"/> Fee from below <input type="checkbox"/> Fee Paid <input type="checkbox"/>                    |  |  |                          |         |
| Independent Claims -3** = <input type="checkbox"/> Fee Paid <input type="checkbox"/>   |  |  |                          |         |
| Multiple Dependent <input type="checkbox"/> Fee Paid <input type="checkbox"/>  |  |  |                          |         |
| Large Entity Small Entity  |  |  |                          |         |
| Fee Code Fee (\$)  |  |  |                          |         |
| 1202 18 2202 9 Claims in excess of 20  |  |  |                          |         |
| 1201 86 2201 43 Independent claims in excess of 3  |  |  |                          |         |
| 1203 290 2203 145 Multiple dependent claim, if not paid  |  |  |                          |         |
| 1204 86 2204 43 ** Reissue independent claims over original patent   |  |  |                          |         |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent  |  |  |                          |         |
| SUBTOTAL (2) (\$)  |  | 0.00                                     |                          |         |
| **or number previously paid, if greater; For Reissues, see above   |  |  |                          |         |
| SUBMITTED BY   |  | (Complete if applicable)                 |                          |         |
| Name (Print/Type) Carl Schaukowitz   |  | Registration No. (Attorney/Agent) 29,211 | Telephone (202) 955-3750 |         |
| Signature  |  | Date                                     | December 23, 2003        |         |